APPEAL TO THE FLOODPLAIN ADMINISTRATOR OF DECISION MADE PURSUANT TO SANTA CRUZ COUNTY ORDINANCE NO. 2001-03 FLOODPLAIN AND EROSION HAZARD MANAGEMENT ORDINANCE

TO BE FILLED OUT BY APPELLANT (PLEASE PRINT CLEARLY):

DATE	TOWNSHIP	RANGE	SECTION		TAX COL	DE
LAST NAME			FIRST NAME			PHONE
PROPERTY OW	/NER:					
APPELLANT:						
ADDRESS				CITY	ST	ZIP
PROPERTY:					AZ	
APPELLANT:						
	sary in order to ren *** PLEASE ATTAC ATE FLOODPLAIN	CH A COPY O	F THE WRITTEN			EALED ***
	PLEASE PROVIDE					f noodod):
DI EASE I	DESCRIRE THE SDI	ECIEIC DEI IE	E OR ACTION V	OU REQUESTED	(attach additions	Il sheets if needed):
PLEASE	DESCRIBE THE SPI	ECIFIC RELIE	F OR ACTION 1	OU KEQUESTED	(attach additiona	ii sheets ii heeded):
						4
APPELLANT SI	GNATURE->					
HEN COMPLETE	ED PLEASE SEND 1	O: SANTA (CONTROL DIST	RICT	

THIS SIDE TO BE COMPLETED BY SANTA CRUZ COUNTY FLOOD CONTROL DISTRICT:							
THE FOLLOWING IS THE WRITTEN RESPONSE TO THE APPEAL BY THE FLOODPLAIN ADMINIS	STRATOR:						
FLOODPLAIN ADMINISTRATOR'S SIGNATURE: DATE:							